

St Peters Hill Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Peter's Hill Surgery on 3 March 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should

- Improve patient ability to get through to the surgery by phone.
- Improve patients overall experience of making appointments.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were happy with the treatment they received and that they were always involved in decisions about their treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. However patients said they did not find it easy to make an appointment with a named GP. Patients who had completed the national GP survey stated that they were unhappy with the practice opening hours, found it difficult to get through on the phone and that their overall experience of making an appointment was not good. There was continuity of care, with urgent appointments available the same day. The practice had good facilities and was

Good



Summary of findings

well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was in the process of being set up. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice offer same day access for over 75 year olds via the duty doctor system and routinely looked at more than the required 2% of the adult population for the Avoiding Unplanned Admissions Enhanced Service.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. Chronic disease reviews were offered throughout the week including Saturday mornings and the practice funded equipment loans of home blood pressure monitors – approximately 175 machines were available for patient use.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The Practice offer urgent access via the daily duty doctor until 6.30pm and blood tests were available all day every day including Saturday mornings

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 100% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice had occasion to assist a homeless vulnerable person 'rough sleeping' in the practice doorway. The practice fed him and allowed him to sleep there. They encouraged him to leave prior to patients entering the practice. The practice assisted him in finding a place to live and gain paid employment.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 91% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary

Summary of findings

organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

The practice offer instant access to GP's and nurses for patients that have presented without appointments, with suicidal ideations and thoughts of deliberate self-harm.

Summary of findings

What people who use the service say

Patients had completed CQC comment cards to tell us what they thought about the practice. We received 13 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. Two comments were less positive but there were no common themes to these.

We spoke with four patients on the day of the visit. We were told that they were very happy with the service they received and that the GP's and Nurses were very approachable and that they were listened to and treated with dignity and respect.

National GP Patient Survey

The GP Patient Survey results in which 276 surveys were sent out and 108 were sent back equivalent to a 39% completion rate. (This was an independent survey run by Ipsos MORI on behalf of NHS England) published in January 2015 showed the following:

- 58% find it easy to get through to this surgery by phone - local (CCG) average: 70% national average: 71%
- 91% find the receptionists at this surgery helpful - local (CCG) average: 88%, national average: 87%
- 35% with a preferred GP usually get to see or speak to that GP - local (CCG) average: 58%, national average: 60%
- 76% were able to get an appointment to see or speak to someone the last time they tried- local (CCG) average: 86%, national average: 85%
- 93% say the last appointment they got was convenient - local (CCG) average: 94% , national average: 92%
- 62% describe their experience of making an appointment as good - local (CCG) average: 73%, national average: 74%
- 71% usually wait 15 minutes or less after their appointment time to be seen (Local (CCG) average: 67% National average: 65%

86% feel they don't normally have to wait too long to be seen -Local (CCG) average: 85%, national average: 83%

Areas for improvement

Action the service **SHOULD** take to improve

- Improve patient ability to get through to the surgery by phone.

- Improve patients overall experience of making appointments.

St Peters Hill Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, and a GP Practice Manager.

Background to St Peters Hill Surgery

St Peter's Hill Surgery, Grantham delivers primary care under a Personal Medical Services (PMS) contract between themselves and NHS England. As part of the NHS South West Lincolnshire Clinical Commissioning Group (SWLCCG), they serve the area of Grantham and surrounding areas, with a population of over 15,900 patients.

Services include access to two male partner GPs, two female partner GPs and two male salaried GPs. The nursing team consists of a nursing sister, three practice nurses, two health care assistants/phlebotomists and a phlebotomist. The practice has a practice manager and a large number of reception and administration staff.

The practice is a teaching practice and have GP Registrars attached to the General Practice as part of their training. These doctors hold surgeries, make home visits, help at clinics and take part in the emergency rota. One of the fully registered doctors or associate doctors supervised the Registrar and are available for advice immediately if necessary. The GP Registrars are registered with the General Medical Council and have several years post graduate experience.

The Practice is situated in a busy town centre location and occupies a Victorian conversion property, over three floors.

Just over 48% of the practice population are of the working age group and this is the largest population group with the group under the age of 18 measured at nearly 29%, those over the age of 65 are in the minority at just over 22%.

The surgery is open from 8.30am–6pm on Monday, Tuesday, Wednesday, Thursday and Friday and from 8.30am –12.30pm on Saturdays (This surgery is strictly by pre-booked appointments only). The clinical sessions of individual doctors and nurses vary within these hours. The practice GPs do not provide an out-of-hours service to their own patients and patients are signposted to the local out-of-hours service when the surgery is closed at the weekends. This service is provided by Lincolnshire Community Health Services NHS Trust.

The practice offers a full range of general medical services including maternity, child health, vaccination, blood testing, contraception, chronic disease management, warfarin and disease modifying anti-rheumatic drug monitoring. Treatment room services include travel vaccination services in addition to the child vaccinations. Leg ulcer management, minor injuries and minor illness advice is also offered by the practice nursing service.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

Detailed findings

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable

- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 March 2015 2013. During our visit we spoke with a range of staff GP Partners, practice manager, nursing and healthcare staff, reception and administration personnel. We also spoke with patients who used the service. We observed how people were being cared for and talked with family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

The practice was able to provide evidence of a good track record for safety;

- The practice demonstrated that it was safe over time through the safe management of incidents, concerns and near misses.
- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally where appropriate.
- Safety was monitored using information from a range of external sources such as the NPSA (National Patient Safety Agency) and NICE (The National Institute for Health and Care Excellence) guidance.

Lessons were learned and improvements were made when things went wrong;

- Patients who used the practice were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.
- When things went wrong thorough and robust investigations and significant event or incident analyses was carried out. Relevant staff and patients who used the practice were involved in the investigation.
- Lessons were learned and actions were taken as a result of investigations when things went wrong. There was a clear audit trail of evidence through significant event audits and meeting minutes to show the actions taken and lessons learned. Lessons were shared to make sure action was taken to improve safety in the practice. There was a clear audit trail of evidence through meeting minutes to show the actions taken and lessons learned.
- For example the practice had carried out a Root Cause Analysis Investigation Report to the NPSA. This report contained an executive summary into the incident. This was followed by the main report with a chronology of events and investigation. Root causes of the incident were investigated followed by the lessons learnt and finally the action plan with recommendations. The report and findings were then shared with all staff at the practice.

There were reliable systems, processes and practices in place to keep people safe and safeguarded from abuse;

- There were systems, processes and practices put in place and communicated to staff that were identified as essential to keep people safe. Staff were trained and made aware of these systems, processes and they were monitored and improved when required.
- There were arrangements in place to safeguard adults and children from abuse that reflect relevant legislation and local requirements. Staff demonstrated they understood their responsibilities and adhered to the practices safeguarding policies and procedures.
- All GP Registrars on induction had to read the safeguarding protocol and know where to find it on the practice intranet; a copy was always on the desk for the Duty Doctor.
- The practice was able to show us examples of when they had raised safeguarding issues with both the adult and children's safeguarding boards.
- The practice also held Child Protection Meetings quarterly, these were attended by the safeguarding lead, all GP's and registrars, the practice manager and health visitor. The meetings were minuted.
- The arrangements for managing medicines in the practice were in line with best practice (This included obtaining, prescribing, recording, handling, storing and security, dispensing, safe administration and disposal).
- The Medicine Management Team from the CCG carried out regular audits of the practice medicine management.
- No prescription pads are held within the practice, they used electronic prescribing only.
- Patients' individual records were written and managed in a way that kept them safe. (These included ensuring records were accurate, complete, legible, up to date, stored and shared appropriately).
- Standards of cleanliness and hygiene were safely maintained. There were reliable systems in place to prevent and protect patients from a healthcare-associated infection. The arrangements for managing waste and clinical specimens minimised the risk of cross infection. (This included classification, segregation, storage and labelling and handling of waste).
- The design, maintenance and use of the facilities premises and equipment kept patients safe.

Risks to individual patients who used services were assessed and their safety was monitored and maintained

Are services safe?

- Staffing levels and skill mix were planned and reviewed so that patients received safe care and treatment at all times.
- Actual staffing levels and skill mix matched the planned staffing levels the majority of the time. Cover was provided for staff on annual leave either by the practices staff or through the use of named locum staff.
- Staff identified and responded to changing risks to patients who used the practice by monitoring them for deteriorating health and wellbeing and through the safe management of medical emergencies. We heard from staff how they were able to seek support from senior staff in these situations.
- Non-attenders for immunisations were tasked via the practice nurses to the safeguarding lead to be followed up.

Potential risks to the practice were anticipated and planned for in advance

- Potential risks had been taken into account when planning services, for example, seasonal fluctuations in demand, the impact of adverse weather, or disruption to staffing.
- Arrangements were in place to respond to emergencies and major incidents. There was a programme of learning which demonstrated these were practised for and reviewed.
- The impact on safety was assessed and monitored when carrying out changes to the service or the staff.

Are services effective?

(for example, treatment is effective)

Our findings

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Patients' needs were assessed and care and treatment was delivered in line with current legislation, standards and evidence-based guidance:

- The practice had access to and used relevant and current evidence-based guidance, standards, best practice and legislation such as information from NICE and other expert and professional bodies. They identified and used this information to develop how care and treatment was delivered to meet needs. This included during assessment, diagnosis, referral to other services and the management of long-term conditions, including for patients in the last 12 months of their life.
- The practice monitored needs assessment through audits and random sample checks of patient records. Risk profiling and risk stratification was used to ensure that patients had their needs assessed and care planned and delivered proactively.

Patients' care and treatment outcomes were monitored and compare with other similar services.

- Information about the outcomes of patients' care and treatment was routinely collected and monitored, including for example information about referral to other services; and the management of patients with long-term conditions.
- Information showed that the intended outcomes for patients were being achieved. Outcomes for patients in this service compare positively to other similar services. Staff were involved in activities to monitor and improve people's outcomes.

- Performance for diabetes related indicators was better than the national average at 100% compared with 94% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average at 100% compared with 91% nationally.
- The dementia diagnosis rate was above the national average at 76% compared with 50% nationally.
- Clinical audits were carried out and all relevant staff were involved. There had been four clinical audits completed in the last two years, all of these were completed audits. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included an audit of self-administered injectable adrenaline prescription in primary care. The audit was taken over two whole cycles and conclusions were drawn that improved the outcomes for patients such as ensuring auto injectors remained in date and that correct diagnostic coding was important in ensuring follow up and appropriate medication reviews were completed.
- One GP partner did not carry out audits preferring instead to use Health Quality Improvement guidelines and completed investigations into Hip fracture prevention of falls using NICE guidelines and on patients with pre-diabetes.

Staff had the skills, knowledge and experience to deliver effective care and treatment.

We were provided with evidence that staff had the right qualifications, skills, knowledge and experience to do their job on appointment and as their role developed through a system of appraisal. The learning needs of staff were identified through a robust system of appraisals, meetings and reviews of practice development needs.

- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision, and facilitation and support for the revalidation of doctors.
- The practice had a training and development policy in place. We saw that staff were up to date with attending mandatory courses identified by the practice such as

Are services effective?

(for example, treatment is effective)

annual basic life support. All GPs were up to date with their yearly continuing professional development requirements and all had been revalidated. Every GP was appraised annually, and undertook a fuller assessment (revalidation) every five years. This had to be confirmed by the General Medical Council. This means that the GP can then continue to practise and remain on the performers list with NHS England.

- All staff undertook annual appraisals that identified learning needs from which action plans were documented.
- Where poor or variable staff performance was identified the practice had policies and processes to ensure this was effectively managed. Staff were supported to improve through a buddying system and mentoring from management.

Staff and services worked together proactively to deliver effective care and treatment.

- Care was delivered in a coordinated way when different services were involved. For example we were shown the process for coordination between daytime GP practices and the GP out-of-hours care provided by Lincolnshire Community Health Services NHS Trust and with NHS 111 services.
- Staff worked together and with other health and social care services to assess and plan on going care and treatment in a timely way when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated.
- The practice also held an informal meeting every Friday attended by all GPs with the Practice Manager to discuss any changes within the practice, and these were minuted. Partner meetings were held on the first Monday of every month and these meetings were minuted to ensure that those not present could review the actions.
- There were clear and effective arrangements for referrals and follow-up for patients who had been referred to other services using the NHS Choose and Book service
- The practice provided an enhanced service for unplanned admissions and had a process in place to follow up patients discharged from hospital. They had a single point of contact to contact patients on discharge. A risk stratification was carried out to help identify which

care pathway is most suitable for each patient, based on the level of care needed, the treatment and the patient's ability to manage, and therefore what level of professional involvement would be required

Staff had all the information they need to deliver effective care and treatment to patients who used services.

- All the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practices patient record system and their intranet system. This included care and risk assessments, care plans, case notes and test results. Information such as NHS patient information leaflets were also available.
- When patients moved between teams and services, including at referral and transition, all the information needed for their on going care was shared appropriately, in a timely way and in line with relevant protocols. For example: The practice used a voice recognition system to type letter referral letters for referrals and saved a considerable amount of administration time. Any queries were sent back to the patient's GP prior to creating the UBRN (unique booking reference number) on the Choose and Book system. Choose and Book gave the patient the option of which hospital to attend and generated all relevant paperwork.

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Staff understood and were able to demonstrate the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and have received all the relevant training. When providing care and treatment for children and young people assessments of capacity to consent were also carried out in line with relevant guidance. All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).
- Patients were supported to make decisions. Where a patients' mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patients' capacity and, where appropriate, recorded the

Are services effective?

(for example, treatment is effective)

outcome of the assessment. When patients lacked the mental capacity to make a decision, staff made 'best interests' decisions in accordance with legislation. Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing and a review date was noted.

- The process for seeking consent was monitored and improved through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Patients were supported to live healthier lives.

- There were comprehensive and effective screening programmes provided by the practice, including following up patients who do not attend appointments. There were comprehensive vaccination programmes for all groups of patients, including following up people who do not attend their appointments. Non-attenders for immunisations were tasked via the Practice Nurses to the safeguarding lead to be followed up as a priority.
- Patients who may be in need of extra support were identified by the practice. This included; patients in the last 12 months of their lives; those at risk of developing a

long-term condition; and carers. This was done by means of a palliative care register and we found the practice participated in multi-disciplinary work with other health professionals to agree with patients' wishes in choosing their preferred end of life care. The practice website also provided a link for carers to Lincolnshire Carers and Young Carers Partnership.

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-up on the outcomes of health assessments and checks were made where risk factors were identified.
- The practice's performance for the cervical screening programme was 100%, which was above the national average of 98.9%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Flu vaccination rates for the over 65s were 73%, and at risk groups 50%. These were similar to national averages.

Are services caring?

Our findings

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Staff helped people and those close to them to cope emotionally with their care and treatment.

The staff at the practice treat people with kindness, dignity, respect and compassion while they receive care and treatment.

- Data sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was also above average for its satisfaction scores on consultations with doctors and nurses. For example:
- 95% said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 92% and national average of 92%.
- 87% said the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 91% of respondents found the receptionists at this surgery helpful compared to the CCG average of 88% and national average of 87%
- The majority of the 13 completed patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two comments were less positive but there were no common themes to these. We also spoke with four patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.
- Staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private and we saw that it enabled confidentiality to be maintained.

- The practice had occasion to assist a homeless vulnerable person 'rough sleeping' in the practice doorway. The practice fed him and allowed him to sleep there. They encouraged him to leave prior to patients entering the practice. The practice assisted him in finding a place to live and gain paid employment.

People who use services and those who are close to them are involved as partners in their care.

- The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example:
- 83% said the last GP they saw was good at explaining tests and treatments this was comparable with the CCG and national average.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%
- Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.
- There was a large east European patient group and staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The service used an on line translation service and had access to Language Line via telephone if required.

People who use services and those close to them receive the support they need to cope emotionally with their care and treatment.

- The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

Are services caring?

- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.
- Notices in the patient waiting room and patient website also told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.
- Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Patients we spoke with who had had a bereavement confirmed they had received this type of support and said they had found it helpful.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Overall the practice is rated as good for providing responsive services. The needs of different people were taken into account when planning and delivering services. The services provided reflected the needs of the population served and ensured flexibility, choice and continuity of care. However patients who had completed the national GP survey stated that they were unhappy with the practice opening hours, found it difficult to get through on the phone and that their overall experience of making an appointment was not good. Lessons were learned from concerns and complaints and action was taken as a result to improve the quality of care.

Services were planned and delivered to meet the needs of people.

- The needs of different people were taken into account when planning and delivering services. The practice operated a Well Woman Clinic that was run by the practice nurses for gynaecological problems, family planning, cervical smears, breast concerns and the menopause. They also provided emergency contraception. Cervical smears were carried out by the practice nurses by appointment.
- Care and treatment was coordinated with other stakeholders, commissioners and providers.
- Details of future planning evidenced that the practice aimed to correspond with the needs of the population and deliver a service which met those needs.
- Where patients' needs were not being met, this was identified and used to inform how services were planned and developed. For those patients with the most complex needs, the named GP worked with other professionals to deliver a multidisciplinary package of care where needed.
- The facilities and premises were appropriate for the services that were planned and delivered.

Services took account of the needs of different people, including those in vulnerable circumstances.

- The services provided reflected the needs of the population served and ensured flexibility, choice and continuity of care. The practice had a GP led approach to long term conditions, supported by the nursing team.

There were structured annual reviews in place to check the health and medication needs of patients were being met. Longer appointments and home visits were available when needed.

- Reasonable adjustments were made and action was taken to remove barriers when people find it hard to use or access services. There was disabled access to the building and all patient areas and consulting rooms were accessible on the ground and first floor by use of a patient lift. The patient areas were sufficiently spacious for wheelchair and pram access. Accessible toilet facilities were available for all patients and had baby changing facilities. However the building was in need of modernisation and upgrading. We were told that the GP partners and the practice manager were in discussion with NHS England regarding those matters.

People could access care and treatment in a timely way.

Due to the town centre location there was not a patient car park, but patients, including those with disabilities, could park for short periods at the front of the building and there was a multi-storey car park a five minute walk away. The surgery was also on many local bus routes. There was a ramp to the front of the building and a buzzer for patients to request assistance to access the surgery. There was lift access to the first and second floors, and a wheelchair available for those less mobile. A hearing loop was available at reception, and there was also a lowered section of the reception desk, to allow for wheelchair users. There were four consulting rooms, three treatment rooms and a phlebotomy room on the ground floor; eight consulting rooms and two phlebotomy rooms on the first floor and then one large treatment room and administrative offices on the second floor. There were patient toilets on each floor, with the ground floor toilets having disabled access and also a baby changing area. There was an independent pharmacy in occupation on the ground floor.

The GP national patient survey showed;

- Only, 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- Only 58% of patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 71%.

Are services responsive to people's needs?

(for example, to feedback?)

- Waiting times, delays and cancellations were not managed appropriately with only 62% of patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 74%.
- Patients were kept informed of any disruption to their care or treatment.
- Appointments ran on time, and patients were kept informed about any disruption. For example, 71% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67% and national average of 65%.

People's concerns and complaints were listened and responded to and used to improve the quality of care.

- Systems for complaining or raising concerns were easy for patients to access. For example The practice complaints system was displayed in all waiting areas and was available on the practice website. Information included who to complain to within the practice and also explained that it did not affect their right to complain to NHS England.

Patients were treated compassionately and given the help and support they need to make a complaint by the practice manager.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Overall the practice is rated as good for services being well-led. The practice had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was at the time of the inspection in the process of being set up and we spoke with the chairperson and his vision. Staff had received inductions, regular performance reviews and attended staff meetings and events.

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- We saw evidence that the strategy and business plan were regularly reviewed by the practice.
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place which was monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- Details of future planning demonstrated that the practice aimed to cater for the needs of the population and deliver a service which met those needs. Their vision and values offered patients a level of service which met their needs, offered them dignity and respect and kept them well. All the staff we spoke to shared the values promoted by the practice, knew their responsibilities in relation to them and told us how they would put them into practice. Most of the staff had been employed by the practice for many years and were familiar with the patients and their level of need.

The practice had an overarching governance policy which outlined structures and procedures in place which incorporated seven key areas: clinical

effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access easily on the practice computer systems.
- A system of reporting incidents without fear of recrimination and thereby learning from outcomes of analysis of incidents actively took place. Any incidents were discussed openly at team meetings. We were told by staff that the GPs and practice manager were always accessible to staff and were very approachable.
- A system of continuous audit cycles which demonstrated an improvement of patients' welfare.
- There were clear methods of communication that involved the whole staff team to disseminate best practice guidelines and other information. Minutes of meetings are recorded and available to all members of staff in paper form and on the practice computer.
- Proactively gaining patients feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff. This included feedback from the NHS Friends and Family test and comments left on the NHS Choices website. For example the Friends and Family test scored 100% of patients that completed the survey recommended the practice.
- The GP's were all involved in revalidation, appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints and recognised the need to address future challenges. This included succession planning and future developments working with the local commissioning group.
- The practice took part in the education of doctors in training from medical students up to final year GP trainees. They were reviewed and accredited by the Deanery and we saw copies of positive feedback from both trainees and their supervisors.